(b) by when it is likely to be completed?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) There is no proposal to set up AIIMS like hospital in Assam.

Beneficiaries of Rashtriya Arogya Nidhi

2868. SHRI SANTOSH BAGRODIA:
SHRI TIRUCHI SIVA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government plans to publish the list of beneficiaries of Rashtriya Arogya Nidhi in leading newspapers; and

(b) if so, whether Government will provide additional funds for it?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) As per the guidelines of Rashtriya Arogya Nidhi, the State/UTs having their own State Illness Assistance Fund are required to publish the list of beneficiaries in a leading newspaper at the State level for public knowledge. The grant-in-aid to the extent of 50% of the contributions made by the State/UT in the State Illness Assistance Fund is released by the Central Government.

Gender gap in Punjab

2869. SHRIMATI SYEDA ANWARA TAIMUR:
SHRI VIJAY JAWAHARLAL DARDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the recent study by Action Aid which revealed gender gap in some areas of Punjab (where the per-capita income is comparatively high) had increased to 300 girls per 1000 boys;

(b) if so, whether it is primarily due to deeply rooted gender norms in India to devalue women, and the largely feudal and patriarchal society is perpetuating women's lower status; and

(c) whether co-operation of NGOs, Self-Help Groups or renowned priests of major religious beliefs been sought in this direction?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Yes. However, according to the Government of Punjab, no information is available with them regarding any study done by Action Aid in Punjab. As per the Census of India, 2001, the sex ratio and child sex ratio in Punjab was 874 and 798 females per 1000 males, respectively.

(b) Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population.